

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/565 307</div>	FILING DATE <div style="font-size: 1.2em;">11/19/06</div>
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		1		1				
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TOTAL IND.	1	↓	1	↓		↓		
TOTAL DEP.	10	←	10	←		←		
TOTAL CLAIMS	11		11					
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TOTAL DEP.		←		←		←		
TOTAL CLAIMS								